POSITION		ID NO.	DATE
CLASSIFIER		21	3/1/94
EXAMINER		207	
TYPIST		512	3.12.94
VERIFIER		350	3/0/94
CORPS CORR.			
SPEC. HAND			
FILE MAINT.			
DRAFTING			

GROUP 350

RECEIVED PM 4:20

INDEX OF CLAIMS

Final	Original	Claim Date						
1	1							
2	2							
3	3							
11	4							
12	5							
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SYMBOLS

✓	....	Rejected
—	....	Allowed
–	(Through numeral)	Canceled
+	....	Restricted
N	....	Non-elected
I	....	Interference
A	....	Appeal
O	....	Objected

Final	Original	Claim Date						
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